

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Method and Apparatus for Localized Drug Delivery

78 Applicants : Michi Garrison, Peter Campbell and Steven Salmon

Docket No.

Title

13854.4002

Customer No. :

34313

Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

## UTILITY PATENT APPLICATION TRANSMITTAL

1.		i Application is for a(n) Original (non provisional) Design Plant				
2.	x	Applicant claims small entity status. See 37 CFR 1.27				
3.	x	Specification, including Description, Claims and Abstract (Total Page: 10)				
4.	X	Drawing(s) (35 USC 113) (Total sheets 4)				
5.	Oath o a. b.	r Declaration  Newly executed (original or copy) Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  Deletion of inventors (Signed statement attached deleting inventors(s) named in the prior application.) See 37 CFR 1.63(d)(2) and 133 (b).				
6.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
		CERTIFICATE OF MAILING 37 CFR §1.10				
	eptember Mailing La	16, 2003 bel No.: EV 339738435 US				
deposite with suf	ed with the					
		Lynn Julmer				
DOCSO(	CI:141994.					

Applicar Docket		: Michi Garrison, Peter Campbell and Steven Salmon : 13854,4002				
7.	a. b.	Nucleotide and/or Amino Acid Sequence Submission (if application, all necessary)  Computer Readable Form (CRF)  Specification Sequence Listing on:  CD-ROM or CD-R (2 copies); or  Description:				
	C.	Statement verifying identity of above copies				
8.		An assignment of the invention to is attached. A separate"COVERSHEET FOR ASSIGNMENT (DOCUMENT) ACCOMPANYING NEW PATENT APPLICATION" orFORM PTO 1595 is also attached.  will follow.				
9.		37 CFR 3.73(b) Statement (when there is an assignee) (Power of Attorney by Assignee				
10.		English Translation Document (if applicable)				
11.		Information Disclosure Statement/PTO 1449 (or PTO/SB/08a) Copies of citations				
12.		Preliminary Amendment				
13.	X	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
14.		Certified Copy of Priority Document(s) (if foreign priority is claims)				
15.		Non-publication Request under 35 USC 122 (b)(2)(B)(i) (Applicant must attach form PTO/SB/35 or its equivalent) $.$				
16.		Other				
17. below		NTINUING APPLICATION, check appropriate box, and supply the requisite information preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:				
applica	ation no.	Continuation Divisional Continuation-in-part (CIP) of prior				
	Prior a Examir	oplication information:  ler: Group Art Unit:				
		INTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior				

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an eath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation <u>car</u> only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

Applicant	:	Michi Garrison, Peter Campbell and Steven Salmon
Docket No.		13854 4002

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$375.00									
A. 🗵	credit any								
	Charge any additional fee required under 37 CFR 1.16 and 1.17 to De	posit							
В. 🗆	Payment Enclosed  Check Credit Card Money Order	Other							
BASIC FILING FEE:									
Total Cla	ims 6 - 20 = x \$18.00								
Independent Claims 2 - 3 = x \$84.00									
Multiple Dependent Claims \$280 (if applicable)									
TOTAL C	OF ABOVE CALCULATIONS	750.00							
	375.00								
Assignment \$40 (if applicable)									
TOTAL FEES SUBMITTED									
c. x		§1.53.							
Correspondence Address Customer Number. 34313									
Respectfully submitted,									
Sentembo	16 2003 ) C. A. W. Reinh.								
	B.  Total Clai Independ Multiple I TOTAL C Reduction  Assignment  C. X Correspon	overpayments to Deposit Account No. 15-0665  Charge any additional fee required under 37 CFR 1.16 and 1.17 to De Account No. 15-0665  B. □ Payment Enclosed Credit Card □ Money Order □  BASIC FILING FEE:  Total Claims 6 - 20 = x \$18.00  Independent Claims 2 - 3 = x \$84.00  Multiple Dependent Claims \$280 (if applicable) □  TOTAL OF ABOVE CALCULATIONS  Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.  Assignment – \$40 (if applicable) □  TOTAL FEES SUBMITTED  C. X This application is being filed without fee or Declaration under 37 CFR  Correspondence Address  Customer Number. 34313  Respectfully submitted,							

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